



Psychology Internship Program

Battle Creek VA Medical Center

Psychology Service (116B)
5500 Armstrong Road
Battle Creek, MI 49037
269-966-5600, extension 31153
<http://www.battlecreek.va.gov>

MATCH Numbers:

General Track: 136111

Primary Care Track: 136112

Neuropsychology Track: 136113

Applications due: November 15

Accreditation Status

The doctoral internship at the **Battle Creek VA Medical Center** is fully accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year **2020**.

*Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Application & Selection Procedures

Eligibility

All internship applicants must be United States citizens, currently enrolled and in good standing in an APA accredited clinical or counseling psychology doctoral program, and recommended for training by the university official responsible for their training program. Please see the Department of Veterans Affairs Psychology Training site (<http://www.psychologytraining.va.gov/eligibility.asp>) for a complete description of eligibility requirements.

Application Process

NOTE: APPLICATIONS ARE DUE 11/15, WHICH IS EARLIER THAN IN PRIOR YEARS

VAMC Battle Creek Psychology Training Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), which organizes the manner in which offers of internship and acceptances are conducted. We participate in the computer matching program and follow all APPIC policies. We adhere to the policies and procedures of APPIC and take the guidelines seriously and are committed to implementing them fully. Please access the link to APPIC for a description of match policies (www.appic.org). Further information about the match process can be obtained at the National Matching Services (NMS) website (<http://www.natmatch.com>). Applicants must obtain an Applicant Agreement package from NMS and register for the Match in order to be eligible to match to our internship program.

The internship positions are full time and require 2080 hours of training during the 12-month appointment. The internship year begins on the first or second Monday in July. The stipend rate for full-time psychology interns with the VA is \$23,974. This is an APA-accredited program. For questions or concerns about accreditation-related issues, please access this link to the APA Accreditation Website: <http://www.apa.org/ed/accreditation/>.

Applicants should complete the APPIC online Application for Psychology Internship (AAPI) and designate our internship program. Additional information to be submitted through the online AAPI includes cover letter, Curriculum Vita, official graduate school transcripts, and three letters of recommendation. In the AAPI Cover Letter indicate to which track you are applying. Also, indicate your main area of interests corresponding to our main rotations.

Based on our data, intern applicants applying to more than one track are at a disadvantage when being reviewed for offers of interviews and ultimately being ranked. When applying to more than one track, your materials may be too general to allow us to evaluate your competitiveness for any particular track. If you do decide to apply to more than one track, please note that only the intern matched into the Neuropsychology track will be able to complete a 6 month rotation in Neuropsychology. Also, we only guarantee rotations in Health Psychology and Primary Care-Mental Health Integration to Primary Care track interns, although depending on supervisor availability, rotations may be available to other interns.

Sensitivity to Diversity

The Battle Creek VA Medical Center in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes. Our internship welcomes and strongly encourages applications from all qualified candidates, regardless of gender, gender identity, age, religion, race, ethnicity, culture, nationality, socioeconomic status, sexual orientation, disability, or other minority status. Students from diverse cultural backgrounds are strongly encouraged to apply.

Selection Criteria And Process

After November 15, the Psychology Training Council will review completed applications and will decide which applicants will be granted interviews. Generally, applicants are notified by email by December 15 whether they will be invited to have an interview. Qualifying applicants will be encouraged to come for a face-to-face interview; however, if this is not feasible, a telephone interview will be arranged. Once all interviews are completed, the Psychology Training Council convenes and reviews and discusses each of the application packets. Consideration is given to the student's academic performance, clinical and practicum experience, letters of recommendation, and how well the applicant's goals fit what the internship has to offer. Staff members' and interns' impressions from the interviews are also shared. Finally, based on the discussion, the Council reaches a consensus rank order of all applicants that the Training Director follows in making offers for the internship. The Internship strictly follows the APPIC match procedures in order to protect the applicants' rights to freely choose among internships. No person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant prior to submitting our rank order for matching.

In accordance with the Federal Drug-Free Workplace Program, interns accepted here may be asked to submit a urine specimen at the beginning of the training year. Other branches of the federal government (e.g. Office of Personnel Management) may conduct routine background checks at their discretion.

All clinical staff, including psychology interns matching with this program, must provide proof of Basic Life Support (BLS) certification prior to working at this facility. Only **American Heart Association** or **Military Training Network BLS/CPR Health Care Provider** Cards will be acceptable. Certification must be completed, at the intern's expense, prior to the starting date of the internship. Following match notification, interns will be contacted to ensure this is completed.

Contact Information

Further information regarding the Battle Creek, MI VAMC Psychology Internship Program may be obtained by email or telephone from the Director of Training:

Jessica Kinkela, Ph.D.

Director of Psychology Training

Psychology Service (116B)

VA Medical Center

5500 Armstrong Road

Battle Creek, MI 49037

Telephone: 269-966-5600, extension 31155

Email: Jessica.Kinkela@va.gov

Application materials should be submitted by **November 15**.

There are three match numbers for our internship program, corresponding to the three training tracks.

The track match numbers are:

136111 General Track (2 positions)

136112 Primary Care Track (2 positions)

136113 Neuropsychology Track (1 position)

Psychology Setting

Introduction

This manual is designed to provide guidance to doctoral interns and staff concerning policies and procedures that affect the training program. The manual is meant to clarify VA requirements, APA requirements, and staff and intern responsibilities. The Director of Psychology Training and the Psychology Service Training Council are responsible for this manual. Any questions concerning the manual should be presented to the Director of Psychology Training for clarification. Changes in this manual may be accomplished through the training Council as an ongoing part of the program's self-assessment and quality improvement efforts.

Overview of the Medical Center

The Battle Creek Veterans Affairs Medical Center is a 191-bed Medical Center with an adjoining Community Living Center (CLC)/Nursing Home Care Unit. The MISSION of the Battle Creek VA Medical Center is to provide primary medical care, comprehensive psychiatric care, specialty care, extended care and related social support services to veterans in the Lower Peninsula of Michigan and parts of Ohio, Indiana, and Illinois. Further, the mission of the Medical Center is to honor America's Veterans by providing exceptional health care that improves their health and well-being. The VISION of the Battle Creek VA Medical Center will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient centered and evidence based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning discovery and continuous improvement. It will emphasize prevention and population health and contribute to the nation's well-being through education, research and service in National emergencies. The Core VALUES of the Medical Center are: Integrity, Commitment, Advocacy, Respect, and Excellence. The Domains of Value are: Quality, Access, Function, Satisfaction, Cost-effectiveness, healthy communities. The Guiding Principles of the Medical Center are: People centric, results driven and forward looking.

The facility consists of 56 widely dispersed buildings of various size and design, and is situated on 206 scenic acres seven miles west of Battle Creek in central southern Michigan. Metropolitan Kalamazoo lies 20 miles to the west, and the Medical Center is about two hours from Detroit and three hours from Chicago. There are 91 inpatient psychiatric and intermediate medical beds, 92 residential rehabilitation beds, 11 acute medical beds, and 100 beds in the Community Living Center. Outpatient psychiatric and medical care is provided at the Medical Center and at community based outpatient clinics in Muskegon, Benton Harbor, and Lansing, MI as well as at the Wyoming Health Care Center in Wyoming, MI. A Vietnam Veterans Outreach Center is also located in Grand Rapids. The Medical Center has a fine

Medical Library, and excellent library facilities are available at the nearby campus of Western Michigan University, with whom our medical center is affiliated.

Mission

In the context of the basic mission of the Battle Creek VAMC to provide quality health care services, the mission of Psychology Service is to: (a) promote the physical and psychological well-being of VA patients, their families, and VA staff through comprehensive quality psychological health care services, (b) provide training in psychology to students and VA staff, and (c) advance the knowledge and applications of psychology through clinical practice, education, and research. The internship program is viewed as an integral part of the Medical Center's and Psychology Service's missions. The Battle Creek VAMC Psychology Service is committed to providing high-quality graduate internship training in psychology, which includes in-depth training in applied skills and exposure to a variety of clinical professional issues.

Psychology Service

The Psychology Service of the Mental Health Service at the Veterans Affairs Medical Center, Battle Creek, MI provides patient care services to all treatment units of the Medical Center, including medicine, psychiatry, the Residential Rehabilitation Treatment Programs, the PTSD Clinical Team (PCT), the Community Living Center, Home Based Primary Care, and the Mental Health Clinic in Battle Creek. Psychological services are provided within a multidisciplinary treatment program and cover the full range of treatment modalities including: individual and group counseling/therapy; consultation; personality, intellectual, and neuropsychological assessment; behavioral assessment; behavior therapy; relaxation training; couples and family counseling and therapy. There are more than 30 full-time staff psychologists assigned to services and programs at the medical center who serve as supervisors for the internship program. Members of the training staff come from a variety of universities and internships representing a wide range of approaches and orientations. Considered as a whole, the staff has expertise in most areas of current clinical and counseling psychology practice. In addition, the Service has consultants that contribute to the Medical Center and Psychology Service's continuing education and training program. A list of psychology staff and consultants involved in the training program is included in this document.

INTERNSHIP PROGRAM SPECIFICATIONS

Administrative Structure

Ultimate responsibility for the Psychology training program rests with the Chief, Psychology Service. This responsibility is delegated to the Psychology Training Council consisting of the Psychology Training Director, Associate Training Directors, psychologists supervising trainees, a representative of the current intern and resident class, and the Chief of Learning Resource Service. Day-to-day administrative decisions for the program are made by the Psychology Training Director. The Psychology Training Director's duties include: serving as Chair of the Psychology Training Council, arranging training seminars, serving as preceptor for trainees, communicating with the university training directors as indicated, coordinating trainee and staff evaluations, overseeing the trainee selection process, and coordinating the program's self-assessment and quality enhancement procedures as decided upon by the Training Council.

Psychology Training Council

The Psychology Training Council is responsible for overseeing all Psychology training at all levels on campus. The Council consists of, at minimum, the following individuals:

Jessica Kinkela, Ph.D., Director of Psychology Training, Chairperson
William Bloem, Ph.D., Chief, Psychology Service
Scott Driesenga, Ph.D., Associate Director of Training, Undergraduate
Jessica Rodriguez, Ph.D., Associate Director of Training, Practicum
Scott Kerby, Ph.D., Associate Director of Training, Internship
Lisa Mull, Ph.D., Associate Director of Training, Residency
All psychologists who are currently supervising an intern
Representative of the current intern class
Representative of the current resident class

Chief, Learning Resources Service, Ex-officio

Any staff psychologist with a valid Psychology license is potentially able to serve as a clinical supervisor and as such, all staff psychologists may elect to be active in the Training Council's activities at any given time regardless of whether they are currently supervising a trainee. The Psychology Training Council is responsible for establishing policies pertaining to training; participating in the selection of new trainees; evaluating and approving trainee training plans; addressing training issues as they affect university-VA training relationships; considering any trainee grievances; and conducting the psychology training program's self-assessment and quality improvement efforts. The Psychology Training Council meetings are held at minimum, quarterly, or at the call of the Psychology Training Director. The Training Council meets quarterly to specifically review and discuss trainee progress and to facilitate the trainee's overall success in the Program.

Training Model and Program Philosophy

Training Model

Our internship program's training model is best understood in terms of seven critical and interrelated ingredients:

1. Internship Context
2. Program Philosophy
3. Objectives, Goals and Core Competencies
4. Training Plans and Selection of Rotations
5. Supervision and Training Methods Employed to Achieve Program Goals and Core Competencies
6. Competency Model Utilized for Evaluating Intern Progress, Performance and Outcomes
7. Program Self-Assessment and Quality Improvement.

These seven basic ingredients need to be considered in the broader context of integrating the doctoral internship experience with the intern's basic doctoral training program goals and objectives.

Internship Context

Our doctoral internship in professional psychology is an intensive clinical training experience in the development of psychologists. The internship accepts students from APA approved doctoral programs in clinical and counseling psychology. The internship is viewed as the integrative, transitional training experience between the intern's basic academic doctoral preparation in clinical or counseling psychology and the intern's entry into an initial professional psychology position. The internship is the culmination of the intern's doctoral training. Each intern entering the internship program must have completed all doctoral course work and appropriate practica prior to the internship. Since interns may come from a wide variety of APA approved doctoral programs, our internship program has the flexibility to be able to integrate appropriately with each intern's academic program. This integration is seen as occurring in three dimensions: training model philosophy; training goals, objectives and plan; and the shared responsibility that both the internship and doctoral program have for ensuring the intern's competency for an entry level doctoral position upon completion of training.

Program Philosophy

The philosophy of the program is that the practice of psychology requires:

1. An appreciation and understanding of: the interaction between the science of psychology and clinical practice, the empirical methods and findings underlying the development of assessment and treatment interventions, empirically supported treatment procedures, and methods of scholarly inquiry;
2. An appreciation and understanding of mental disorders, psychopathology and their clinical manifestations;
3. An ability to sensitively and empathically understand the problems and concerns of people, with an appreciation of the role of cultural and individual diversity in psychological phenomena and professional practice;

4. The development of responsible, sound clinical judgment in the application of assessment and treatment procedures that ensures that professional practice is conducted in a professional, ethical, and legal manner sensitive to the human welfare needs of the people served.

Our fundamental assumptions concerning the importance of understanding the relationship between the science of psychology and clinical practice, and the importance of empirical methods underlying the development of assessment and treatment procedures, are founded in the scientist-practitioner model of training. Implementation of the scientist-practitioner model in our internship program has been influenced by the work of Charles Gelso and Bruce Fretz. In their consideration of the scientist-practitioner model, Gelso and Fretz note that there are three levels of scientific activity:

1. being able to review and make use of research findings in one's professional practice
2. being able to think critically and scientifically in carrying out and conducting one's own professional work
3. actually doing research/scholarly work as a part of one's professional activities.

Gelso and Fretz observe that, although many professionals believe that the scientist aspect of the scientist-practitioner model should emphasize level three and empirical research, all three levels are important for professional development. Gelso and Fretz suggest that the term "scholarly work" rather than "research," "empirical research," or "science" might best capture the traditional scientist component of the scientist-practitioner model. They note that scholarly work is the broadest and most inclusive of these terms, and reflects a careful and thoughtful search for knowledge and understanding.

Most fundamentally, our program adopts Gelso and Fretz's description of the scientist-practitioner model. We believe that a scientific and scholarly perspective is critical to the activities of professional psychologists. Scholarly work may include research but also may include other intellectual efforts directed at advancing professional knowledge and understanding. We accept students from programs with a traditional scientist-practitioner model emphasizing empirical research, and also accept students from graduate programs with a scholar-practitioner model requiring scholarly work as a part of their professional preparation. We see our program as fundamentally compatible with each of these models.

Fundamental attitudes of scientific and scholarly inquiry are encouraged and strengthened in our internship program. Interns are required to engage in scholarly activity including reviewing research literature relevant to specific clinical issues or a particular case they may be treating ("Needs Foundational Work"), and are expected to think scientifically and critically as a part of their clinical practice ("Needs Regular Supervision"). Interns are also expected to develop familiarity with empirically supported treatment procedures, and are required to learn at least one empirically supported treatment procedure during the internship (levels 1 and 2). Interns are expected to review and discuss the research literature pertinent to the cases being presented as a part of their formal case presentations (levels 1 and 2). Interns may devote up to four hours per week to their major research/scholarly activity projects (e.g. dissertation research) required by their university or professional school ("Needs Occasional Supervision"). Interns are strongly encouraged to complete a group research project during the internship year ("Needs Occasional Supervision").

Program Goals & Objectives

The fundamental goal of our program is to facilitate the development of competent professional psychologists who are ready to assume the responsibilities of an entry-level staff psychologist position. This internship experience provides training to obtain competence in the 9 core areas of health service psychology practice as outlined in the Standards of Accreditation from APA's Commission on Accreditation. Those areas are:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills

6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional/interdisciplinary skills

Our internship training historically has been directed towards developing six basic core professional competencies expected of an entry-level staff psychologist, which substantially overlap with the core professional competencies in the Standards of Accreditation for Internship level trainees. Put another way, we expect competencies in the areas of:

1. **Assessment and Diagnosis:** competency in conducting clinical interview-based assessment and in administering and interpreting basic psychological tests in the areas of intellectual assessment, cognitive and memory assessment, and personality assessment; familiarity with the prevailing diagnostic procedures, e.g. DSM-V; ability to assign appropriate diagnoses to individual patients; ability to communicate findings and recommendations orally and in writing in a clear and concise manner.
2. **Intervention and Treatment:** competency in conducting individual and group counseling/psychotherapy across a variety of problems and populations; familiarity with empirical findings concerning the efficacy of psychotherapy; an understanding and knowledge of empirically supported therapeutic approaches for specific mental disorders.
3. **Consultation, Evaluation and Supervision:** competency in conducting consultations under supervision for members of the Medical Staff; familiarity with and understanding of methods and theories of evaluation and supervision.
4. **Professional and Ethical Behavior:** demonstration of sound professional clinical judgement and behavior in the application of assessment and intervention procedures; familiarity with and understanding of professional and legal standards in professional psychology; a thorough working understanding of APA ethical standards.
5. **Understanding of Human Diversity Issues in the Professional Practice of Psychology:** demonstration of an understanding of and sensitivity to human diversity issues in the practice of psychology; familiarity with empirical findings pertaining to diversity issues in assessment and diagnosis, tests and measurement, psychopathology, interventions and treatment.
6. **Strategies of Scholarly Inquiry and Clinical Problem Solving:** demonstration of understanding and knowledge of strategies of scholarly inquiry; awareness of current empirical studies in major professional practice journals; competency in reviewing and integrating relevant scholarly literature to assist in clinical problem solving.

The internship experience extends and integrates the training received in the intern's academic program. The internship is designed to offer a broad range of experiences to develop these core professional competencies. Interns and their graduate training directors collaborate with the Psychology Training Council in designing the internship experience. This process is intended to ensure that the intern's training plan is integrated with the intern's overall graduate or professional school training plan, and that the internship provides a coherent progression from the basic knowledge and practical clinical skills achieved in the academic program to the core practice competencies that are to be acquired in the internship. Upon completion of the internship, interns are prepared to assume an entry-level staff psychology position in inpatient and outpatient adult medical, psychiatric, and mental health settings.

Program Structure

Training Tracks

Interns match into one of 3 training tracks: General, Primary Care, and Neuropsychology. There are two General positions, two Primary Care positions and one Neuropsychology position. All interns maintain the same requirements such as treating one patient with an evidenced based therapy, presenting a treatment and assessment case, and completing 12 comprehensive psychological assessments.

GENERAL TRACK:

The General track offers the widest flexibility in training. Interns select from a variety of rotations (see training experiences section for rotation details). At any given time, they have one major rotation and one minor rotation. In some cases, a General Track intern may elect to complete an additional General Assessment Clinic rotation to obtain some of the 12 comprehensive evaluations required by this program. All interns, regardless of track, must complete either a major or minor rotation in Inpatient Mental Health (IMH) to provide exposure to more acutely distressed Veterans with perhaps more severe presentations. The General Track intern may select various other rotations in addition to the required IMH rotation.

NEUROPSYCHOLOGY TRACK:

The Neuropsychology Track differs from the general track in that an intern matching within this track will have a required 6- month major rotation in the Neuropsychology during the first 6-months of the year. The neuropsychology rotation meets criteria for training at the internship level according to Houston Conference, Division 40, and ABPP-Clinical Neuropsychology board certification guidelines. The intern will select additional minor and major rotations in conjunction to their neuropsychology rotation. Like all interns, they will be required to complete a major or minor rotation in Inpatient Mental Health as well as conduct 12 comprehensive evaluations and present two case studies.

PRIMARY CARE TRACK:

Training at the psychology internship level is by nature, generalist; however, interns within the Primary Care track will have a 3 core rotational experiences that focus on development of skills that will prepare them to function as an entry-level professional psychologist within an integrated behavioral/mental health setting. This will be supplemented with required generalist rotations to develop core psychologist competencies as well as electives to allow the intern the ability to expand the depth and/or breadth of their psychological training. Like General Track interns, Primary Care interns are expected to complete at least a minor rotation in IMH. Of note, a rotation in IMH also meets criteria for Core Requirement 3.

CORE REQUIREMENT 1: Primary Care/Health Psychology (6 month, major rotation)

Within this rotation, interns will engage in various activities relevant to the practice of psychology within an integrated care setting of Primary Care. They will expand their health psychology skills. Often, they will function as a member of one of the primary care teams. Interns will review provider panels of patients, shadow providers and participate in huddles as they occur, identify patient psychological needs as well as provide brief, targeted treatments and assessments under the supervision of a psychologist with specialty health training. Consistent with the duties of psychologists currently working within this setting, interns gain experience coordinating care between multiple disciplines including medicine, nursing, and social work. Telehealth, particularly clinical video based therapies, are utilized to provide services to rural CBOCs, such as pain management groups. Interns rotating through this rotation will develop basic competency in clinical video telehealth use. Interns provide direct feedback to patients and providers as well as consult with other services (e.g. neuropsychology, pharmacy) as needed. The intern participates in provision of currently established interdisciplinary treatment groups and shared medical appointments. Currently established interdisciplinary treatment groups include the Pain School Program (Psychology, Social Work, KT/PT, nursing, PM&R), Chronic Disease Management Groups, Smoking Cessation (nursing, medicine), Shared medical appointments for diabetes (nursing, medicine, pharmacy, psychology, PT/KT, nutrition), and the MOVE programming (dietician, PT/KT, psychology, nursing). Supervisors are Dr. Grix, Dr. Preston, and Dr. Najjar.

CORE REQUIREMENT 2: Outpatient Mental Health Clinic (minimum 6 month, 1 day/ week)

Interns will be required to participate in a rotation within one of the outpatient mental health Clinic.

Possible options include the Mental Health Clinic, Wellness and Recovery Center, or PCT Clinic (outpatient combat PTSD clinic). This will allow the intern to a) maintain a steady caseload of patients for whom more in-depth mental health care is required, and b) meet generalist training requirements such as develop proficiency with a specific evidenced based therapy, which is more time intensive. Please see the training experiences section for descriptions of those rotations.

CORE REQUIREMENT 3: Geriatric/Interprofessional Team Experience (major or minor) in at least one of the following:

Home-Based Primary Care-Mental Health (HBPC-MH)

Interns provide in-home assessment and treatment services to a variety of veterans with comorbid medical and mental health concerns as part of a multidisciplinary team including a core of nursing, social work, psychology. Between 80-90% of veterans served are 65 years or older. Please see our program brochure for additional information about this rotation.

Community Living Center (CLC) Geriatric Psychology/Rehabilitation Psychology

Interns function as a member of the CLC team and may choose to focus on one of the 4 units including Dementia, Rehabilitation, Long-term care, and/or hospice/palliative. They consult with nursing, medicine and social-work to provide services and recommendations, attending treatment team meetings and also participating in nursing support/education groups. A large portion of this rotation includes working with geriatric populations. Please see our program brochure for additional information about this rotation.

Inpatient Mental Health (IMH)

Interns function as a member of the IMH team to provide psychosocial assessments, individual and group treatment to Veterans currently within the IMH unit. Geriatric experiences may be possible within this rotation and assessment opportunities for severe mentally ill populations also exist.

Selection of Rotations

The liaison phase is the introductory, orientation period of training. This phase serves to familiarize interns with the Medical Center, the various treatment units, and the staff psychologists and their various roles. During this time, interns attend VA-required New Employee Orientation sessions and also visit potential rotation sites and supervisors. Following the liaison period, the intern is requested to prepare his/her own training program proposal. The proposal indicates the rotations desired, the supervisors preferred, and the types and length of experiences desired. The Director of Training, representing the Training Council, reviews the proposal with the intern, taking into account the intern's prior experience and professional goals and the requirements of the intern's academic program. When mutual agreement is achieved concerning the plan, the plan is reviewed with the intern's university advisor and with the Psychology Training Council for approval. Once the full training Council approves the plan, the plan is formalized into a training agreement with one copy filed in the intern's folder. The plan is developed in this way to attempt to ensure integration of the internship experience with the intern's graduate doctoral training program. Development of the training plan in this manner also assures that each intern receives training in each of the core competency areas seen as essential for professional psychologists, while having the opportunity also to receive training in areas of particular interest to the individual intern. Interns may request training plan changes at any point during the year through the Director of Training. In order to offer each intern maximal exposure to a variety of patients and settings, training plans may allow rotation through a variety of service and training areas. As rotations end, therapy relationships between interns and patients are not necessarily terminated. Interns may move to another assignment and continue with treatment of selected patients from the prior rotation.

Internship Rotations

Internship rotations, as well as their duration and order, are selected to maximize the achievement of each intern's training goals and the core competencies. As interns go through orientation, individual supervisors in the various rotations share their specific requirements for hours for major or minor rotations. A representative program might consist of three major rotations each lasting four months, or two major rotations each lasting six months, and some combination of minor rotations. Rotations should be in

areas of the Medical Center identified in the "Training Experiences " section of this site. Major rotations include approximately 20-24 hours (three days) per week, and interns may elect to spend from a minimum of 400 hours to a maximum of 832 hours out of the 2080-hour internship year in a major rotation. Typically, a minimum of two to a maximum of three major rotations may be selected for the internship year. Minor rotations typically involve one or two days per week and are relatively narrow in focus. Interns may elect to spend from a minimum of 125 hours to a maximum of 400 hours in a minor rotation. All interns are required to have both a major rotation and a minor rotation concurrently throughout the training year. This is to encourage a broad exposure to different types of training experiences and supervisors. All interns are required to have at least one minor rotation in inpatient mental health.

A major focus of our training model is on developing the core competencies within and across training rotations during the internship year. Regardless of the specific rotations approved as a part of an intern's training plan, supervision and training are directed toward developing the basic core competencies. The core competencies are viewed as basic professional practice competencies that transcend specific rotations or settings. In other words, competency is not considered to be achieved by the selection or requirement of a particular set number or type of rotations. Core competencies are to be developed and achieved within and across each of the training rotations and across the internship year. The Director of Training, Training Council, intern, and intern's Training Director share in the responsibility of ensuring that the intern's individualized training plan for the year is a good one that optimally takes advantage of our many unique training rotations with maximum benefit for the intern.

Supervision and Training Methods Employed to Accomplish Program Goals and Core Competencies

In helping interns acquire proficiency in the core competency areas noted, a training approach is used in which internship learning objectives are accomplished primarily through experiential clinical learning under the supervision and mentoring of licensed psychologists. All work performed by interns during the internship year must be under the supervision of a licensed psychologist. Essentially, interns are involved in the day-to-day demands of a large psychology service. Interns work with and are supervised by psychologists who serve as consultants to medical staff members or who serve as members of multidisciplinary teams in treatment units or programs. As a consultant or team member under supervision, the intern's core competencies are developed and the intern learns to gradually accept increasing professional responsibility. Interns are given a wide range of experience in psychological treatment and assessment modalities provided by the service. The internship is primarily learning-oriented and training considerations take precedence over service delivery. Since interns enter the program with varying levels of experience and knowledge, training experiences are tailored so that an intern does not start out at too basic or too advanced a level. Generally, an intern's training on a given rotation will follow a progression from observation to increasingly autonomous, albeit monitored and supervised, activity. This progression might typically include:

1. Observation of the supervisor performing assessments, intervention or consultation;
2. Simulated practice of specific skills;
3. Assessment or therapy conducted jointly by the intern and supervisor;
4. Supervisor directly observing intern performing assessment or intervention with patient;
5. Audio taping of intern assessment or therapy sessions for subsequent review in supervision;
6. Intern gives written or verbal summaries of clinical activities in supervision.

Essentially a developmental approach to experiential clinical learning and supervision is utilized. Interns receive a minimum of four hours of supervision each week. Interns receive three hours of individual supervision each week: two hours by their major rotation supervisor and one hour by their minor rotation supervisor. Typically, this is traditional dyadic supervision of a general nature and includes supervision on each of the core competency areas identified. Supervisors also teach and provide supervision to interns in specific methods of assessment and treatment approaches, e.g. clinical interview based assessments, the administration and interpretation of specific psychological tests, cognitive behavioral therapy, time-limited dynamic therapy, treatment interventions for trauma victims, etc., depending on the particular

rotation and particular supervisor. In addition, each intern has one hour of group supervision each week with the Director of Training. In group supervision interns receive general supervision, they take turns presenting audiotapes of therapy sessions and receive feedback from each other and the Training Director, and they receive supervision on at least one empirically supported therapy. A complement to the formal supervision is the role modeling and mentoring interns get from working with their supervising psychologists. Interns also receive and provide peer supervision as a group for one-half hour per week. In addition to the above supervision, interns also receive didactic seminar presentations on topics related to their training.

Competency Model of Evaluation

The basic goal of our internship program is to promote the professional development of interns in each of the core competency areas so that interns are ready to assume the responsibilities of an entry level staff psychologist position. Most people in the general public who utilize psychological services and most professionals in psychology would agree that a primary outcome of professional education and training in psychology is the preparedness of graduates to function in the profession. To assist in our internship training and evaluation process, and to document the attainment of basic core competencies and outcomes, competency evaluations are done for the intern's clinical activities relevant to core competencies for the field of health service psychology.

All interns participate in an initial assessment of competencies that include, at minimum, engaging in two short mock interviews observed by staff and generating a psychological report based on provided data/history. While this may be anxiety provoking initially, this is not an experience you can fail. Obtaining a general idea of your interviewing and writing style as well as familiarity with some common presentations within our setting will help us help you develop the most appropriate treatment plan.

After the initial assessment of competency, periodic competency evaluations are completed. The competency ratings used in the internship program are based on how much supervision is required for the intern to perform the task competently. This basic rating scale is integrated from ones developed by staff at the San Antonio VAMC Psychology Service and the VA Chicago Health Care System. There are four possible rating levels:

Ready for Autonomous Practice: The trainee has the ability to perform this task independently (although supervision is still required of all trainees). It is expected that some interns will achieve this rating on some core tasks by the end of the internship, if those core tasks represent particular strengths of the intern. Competency at this rating is expected of doctoral staff members who are ready to apply for licensure, such as those at the GS-12 level in the VA system. This rating is the Residency program goal for postdoctoral residents by the completion of the training year. Residents are expected to achieve this rating on 100% of objectives by the end of residency.

Needs Occasional Supervision: The trainee needs little supervision. The supervisor can rely primarily on some of the reports of the trainee. Practicum students may achieve this rating on a few core tasks that represent particular strengths for the practicum student; however, it will be rare. This is the rating expected of incoming doctoral staff members at the GS-11 level within the VA system who have just received their doctorate and are beginning to undergo post-doctoral supervision towards licensure. This is also the rating expected of incoming postdoctoral residents. This rating is the internship goal of doctoral interns on core tasks. Interns are expected to achieve "Needs Occasional Supervision" or higher on 100% of objectives by the end of the internship. This is expected of postdoctoral residents on all objectives at the midpoint of the training year.

Needs Regular Supervision: The trainee needs some supervision, although direct observation or supervision is not required. The supervisor needs to work with the trainee, giving instruction, monitoring the task applications or interventions for competence and accurate reporting of the tasks. This rating is expected of incoming doctoral interns on most core tasks and is the goal of practicum students on all tasks. However, typically this rating is not assigned until the doctoral intern has been observed by a supervisor. It is expected that most interns will be given this rating on most core tasks after the first evaluation period of the internship or soon thereafter. Interns are expected to have 100% of objectives rated as "Needs Regular Supervision" or higher at midpoint rating periods. It is expected that graduate programs will have prepared interns to

perform many core tasks at this level. Residents who receive this rating at any time will require a remediation plan.

Needs Foundational Work: The trainee requires direct observation or supervision during the performance of tasks, or needs basic instruction before applying this task to patients. This rating is initially assumed of all practicum students and doctoral interns. If an intern has had no prior basic training on a task, a rating of "Needs Foundational Work" on that task is appropriate. At the start of the internship training year, this rating is assumed since interns have had no evaluation on specific tasks by staff psychologists. This rating is assumed until the intern has an opportunity to demonstrate higher competence. This rating is also given for interns who have demonstrated a higher level of skill in that area but are not currently performing satisfactorily. Interns or Postdoctoral Residents who achieve this rating will require a remediation plan to be developed.

In general this rating scale is intended to reflect the natural developmental progression toward becoming an independent psychologist: "Needs Foundational Work" is expected of beginning practicum students; "Needs Regular Supervision" is where practicum students should be at the end of their graduate program, and where doctoral interns begin their internship year; "Needs Occasional Supervision" is where doctoral interns should be at the end of the internship year and where entry level doctoral psychologists obtaining post-doctoral supervision towards licensure should be beginning their post-doctoral supervision; and "Ready for Autonomous Practice" represents the practice competence of independent staff psychologists who are licensed. These levels represent the minimum expectations of interns; interns may have higher levels on core tasks in which they are particularly advanced.

It is important to remember that these ratings are not "grades". A "Needs Foundational Work" rating is not necessarily unsatisfactory. Interns that have no experience whatsoever with a particular task or intervention will need to have a staff psychologist present during the early stages of the training experience and until the intern requires less direct supervision. A "Needs Foundational Work" rating would suggest that the intern would need special attention in their training plan, potentially a formalized remediation plan to move toward meeting the minimum level of competency.

Interns are expected to be performing at a "Needs Occasional Supervision" on all competency objectives by the end of the internship year. This is based on the average rating for each item, across all rotations. It is possible that early in the year, an intern with less developed initial skills in a particular area may earn a "Needs Regular Supervision" at the end of a rotation; this would indicate that during future rotations, particular attention should be paid to this area to move toward meeting the competency on other rotations. It would be expected that, across all the rotations on average, their rating on a particular item would meet minimum requirements of "Needs Occasional Supervision." Alternatively, someone may have a "Ready for Autonomous Practice" rating on some items in which they have particularly developed skill in one setting, but may not be as able to apply that skill as well to another setting in which they are less familiar (e.g. Acute Inpatient Psychiatric Unit versus Outpatient Mental Health Clinic). It is expected that the variation due to rotation will even out over the course of the training year.

Program Self-Assessment and Quality Improvement

The internship program is committed to program self-assessment and quality improvement. The Training Council has the basic responsibility for program self-assessment and quality improvement. The program is evaluated in an on-going manner by both staff and interns participating in the program. The Training Council reviews aggregate intern feedback about the internship experience and their suggestions for improvements. The Training Council meets quarterly to review the status of the program and any opportunities for improvement. The Training Council is responsible to ensure the goals and objectives of the Internship Program are being met and opportunities for improvement considered. Informal evaluation of the internship is a continuing, on-going process. Interns are encouraged to bring up issues, concerns, and suggestions for improvement throughout the year to their supervisors, members of the training Council and the Training Director. Evaluations of the Training Director may be provided to the Chief of Psychology Service. Upon completion of each rotation, interns are requested to prepare a confidential narrative evaluation that is returned to the Training Director. This will include a description of the primary activities of the rotation, and will include aspects of the rotation he/she found most beneficial and

suggestions for improving the rotation. The intern will also be asked to include suggestions for improving the Training Program overall. Whenever specific rotational or supervisor concerns arise, the Training Director will inform the Chief of Psychology Service. The Training Council promotes open and collaborative feedback between supervisors and trainees: interns are strongly encouraged to share their evaluation of rotation with their supervisors. The Training Council also surveys intern graduates and their respective post doctoral supervisors one year after completion of the internship to obtain feedback and suggestions for improvement from the perspective of the intern after being in a post-doctoral position for one year. The Training Council also consults with Service consultants from APA Accredited Training Programs as appropriate for feedback on internship training policies, procedures, and seminar offerings.

Training Experiences

Psychology Service has responsibilities in all areas of the Medical Center with direct ongoing clinical work concentrated in the major areas described below. Generally, each staff psychologist has a primary clinical care assignment in one area. In addition, many staff are involved with consultation services to the entire Medical Center. Interns may select training rotations and experiences in any of the areas listed below.

Training experiences are designed to provide depth and breadth with regard to general clinical psychology competencies. The training program at Battle Creek VAMC is adequate for internship level training required to obtain licensure in Michigan; however, it may not meet requirements for licensure in other states. It is the intern's responsibility to research requirements for licensure in all states in which they could possibly wish to be licensed. The Training Council will attempt to accommodate requests related to becoming licensed in another state.

General Psychological Assessment

All interns are required to complete 12 comprehensive evaluations over the course of the year, ideally completed within their primary major and minor rotations. An intern may elect to complete an additional General Psychological Assessment rotation, approximately one day per month, to complete some of these evaluations. When an intern participates in a major rotation for which a substantial portion of clinical work includes general assessment experiences, a separate rotation is not required. Within this rotation, interns will complete a minimum of 6 comprehensive evaluations and reports based on diagnostic interview as well as assessment of intellectual, academic, and personality functioning. These evaluations will count toward the 12 required comprehensive evaluations. Measures with which interns are expected to gain expertise include, at minimum, the WAIS-IV, WRAT-4, MMPI-2/MMPI-2-RF, and MCMI-3. Interns will work with patients engaged in the Battle Creek VAMC Compensated Work Therapy Treatment Residence Program, PR RTP and the Wellness and Recovery Center to identify intellectual and emotional strengths and weaknesses that could influence treatment and vocational rehabilitation planning. Interns will provide feedback to the veteran and treatment team. The structure of this rotation varies depending on supervisor availability, but is only a minor rotation.

Inpatient Mental Health

There are three treatment units devoted to acute, longer term/rehab psychiatric treatment, and geropsychiatry. Treatment teams consist of a psychiatrist, psychologist, social worker, physician assistant, nursing staff, and allied health care workers such as dietitians, occupational therapists, pharmacists, recreation therapists, and chaplains. The treatment teams provide direct patient care assessment and treatment services. Patients admitted to these treatment units manifest a wide range of clinical disorders. Psychologists and interns on these units serve as multidisciplinary team members and provide a full range of psychological services, including interview based assessment, psychological testing, crisis intervention, individual and group psychotherapy and counseling, and consultation services to members of the multidisciplinary treatment teams. This rotation is required and is available as either a major or minor rotation throughout the 2015-2016 training year. Minor rotations are requested to be a minimum of two days.

Psychosocial Residential Rehabilitation Treatment Program (PR RTP)

The Psychosocial Residential Rehabilitation Treatment Program is a 40-bed, residential rehabilitation treatment program for Veterans with various mental health, substance abuse, and psychosocial needs. The program is Recovery-oriented and assists Veterans towards achieving their self-identified goals. A variety of groups including APPR (Action Planning for Prevention and Recovery), anger management, cognitive behavioral relapse prevention, Cognitive Processing Therapy, Seeking Safety, money management, job search, and other groups, as well as individual psychotherapy, are available to participating Veterans. The multidisciplinary treatment team includes psychiatry, PA, nursing, peer support, psychology, social work, nutrition and other disciplines. Interns who opt for a rotation on the PR RTP receive training and supervision in individual psychotherapy, group psychotherapy, case management, family interventions, and psychological assessment. The PR RTP is available as a major or minor rotation throughout the 2015-2016 training year. Minor rotations are requested to be two days.

PTSD Residential Rehabilitation Treatment Program (PTSD RRTP)

This 32-bed unit provides assessment and treatment of combat-related Post Traumatic Stress Disorder in a residential setting. The multidisciplinary team consists of psychologists, social workers, nursing staff, a psychiatrist, a physician assistant, recreation therapists, chaplains, a dietician, as well as other allied health care workers. Veterans accepted for treatment to the PTSD RRTP are admitted to the Integrated Recovery Track (IRT). The IRT provides Veterans the opportunity to establish a stable foundation of recovery from posttraumatic stress disorder (PTSD) and co-occurring difficulties such as substance use and other mental health disorders. This track utilizes a rolling admissions format for scheduling Veterans for admission. Upon completion of this track, Veterans are either discharged from the program and resume an outpatient level of care or they are transitioned into the Cognitive Processing Therapy (CPT) Track. The CPT Track is a cohort program and it is a six week program. Veterans in the CPT track participate in group therapy that emphasizes reviewing combat traumas while examining the ways in which those events have changes one's thoughts and beliefs, and how those thoughts influence the Veterans current feelings and behaviors. In addition, Veterans participate in a range of coping skills and skill building groups as well as therapeutic outings in the community. Veterans also have access to Prolonged Exposure (PE) while participating in PTSD RRTP programming. Interns on this unit have a broad spectrum of opportunities for experience in group psychotherapy, individual psychotherapy, psychological assessment, and family therapy/counseling. This rotation is available as a major rotation only; however, students will only be accepted during the second half of the training year (post-January 2016).

Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)

The SARRTP is a residential treatment program for patients with problems with alcohol and other drugs. This multidisciplinary unit treats both drug and alcohol dependent patients in the same program after they have been detoxified. The program emphasizes individual and group psychotherapy. The principles and philosophy of Twelve Step recovery are integrated into treatment which consists of identifying and defining one's addiction and recovery, learning danger signs of relapse and how to manage them, and establishing an aftercare plan to support a long term substance free lifestyle. Assessment techniques include interview based psychological assessment, behavioral assessment, and, on a limited basis, psychological testing. In addition, patients receive didactic presentations, occupational therapy, vocational rehabilitation therapy, educational therapy, recreational therapy, and kinesiotherapy. Psychology interns who elect a rotation on this unit have the opportunity to receive training in group therapy, individual therapy, clinical interview assessment, and psychodiagnostic testing. SARRTP is not available for major or minor rotations during the 2015-2016 training year.

Community Living Center

The mission of the Community Living Center is to provide compassionate care to eligible Veterans with sufficient functional impairment to require this level of care. Veterans with chronic stable conditions including dementia, those requiring rehabilitation or short term specialized services such as respite or intravenous therapy, or those in need of comfort and care at the end of life are served in the CLC. A full-time psychologist functions as part of a multi-disciplinary team. Psychological services provided include: cognitive and psychological assessments, individual and group therapy, family counseling, team consultation and milieu planning, behavioral planning. Interns can also gain experience in interventions

that assist Veterans and families cope with death and dying issues on the Palliative Care Unit. This rotation is available as a major or minor rotation throughout the 2015-2016 training year.

Neuropsychology

The Neuropsychology program operates as an assessment consultation service, accepting referrals from the entire Medical Center. Patients with a wide variety of neurological disorders, including cerebral vascular accidents, head trauma, epilepsy, Alzheimer's Disease and other neurocognitive disorders (Dementias), and post-operative lesions are evaluated. Interns selecting this rotation can expect to develop knowledge of brain-behavior relationships and to gain experience in the administration and interpretation of a wide variety of neuropsychological assessment instruments. A semi-flexible battery approach is generally used. Previous coursework in physiological psychology, neuropsychology, or neuroanatomy is essential for this rotation and interns are encouraged to be committed to pursuing subsequent, formal post-doctoral training in neuropsychology. This rotation is only available as a major rotation for Neuropsychology Track interns. On a VERY limited basis, a non-neuropsychology Track intern may complete a minor rotation with neuropsychology.

Primary Care-Mental Health Integration

Staff psychologists are extended members of the Patient Aligned Care Team (PACT) which is a multi-disciplinary response for providing comprehensive patient centered care with all members participating in a team approach. Primary Care providers (PCPs) and Mental Health - Primary Care Integration (PC-MHI)/Behavioral Health Providers (BHPs) represent two integral disciplines in the care teams. Interns assigned to work on the rotation with the Primary Care Integration Psychologist will assist PCPs in providing brief behavioral interventions, assessments for referrals to specialty clinics, and when appropriate providing brief, short-term therapy for mild-moderate issues, such as depression, anxiety, stress management, insomnia, or pain. In addition interns will collaborate about patients with other disciplines, and co-facilitate pain school groups and other behavioral health groups to support health and Veteran advocacy. Specifically interns will be addressing issues involving typical mental health issues such as depression, PTSD, substance use disorders, anxiety disorders and suicidal/homicidal ideation.

Pain Psychology

Depending on staff availability, interns may be able to work with our pain psychologist within the integrated pain psychology pain team. The details of this experience are not fully established; however, it would likely include individual and group intervention, interdisciplinary assessment of pain functioning, and program evaluation. It is predicted that this will be a minor rotation.

Home Based Primary Care

Psychology services in HBPC cover a broad range of issues. To be eligible for HBPC veterans must have at least one chronic medical condition. Veterans in the program range in age from mid 20s to early 90s, with most of our veterans over age 55. Typical issues addressed by the psychologist include treatment of depression, anxiety, PTSD, caregiver strain, and adjustment to medical conditions. The setting requires frequent screening for depression and cognitive functioning. Psychologists also address capacity assessment, family issues, terminal illnesses, team dynamics, and crisis management. Various health psychology issues and occasional substance abuse issues arise in our population of veterans.

Battle Creek HBPC teams located in Lansing and Benton Harbor completed pilot program expansion for mental health home care. Those teams continue to include veterans with primary mental health problems while also serving traditional HBPC patients. HBPC practice occurs primarily in veterans' homes; hence, the rotation includes significant travel time. Team psychologists serve as members of interdisciplinary teams including nurses, dietitians, social workers, occupational therapists, mid-level providers, pharmacists, and a kinesiotherapist. This rotation is available as a minor rotation only.

Mental Health Clinic

The Mental Health Clinic in Battle Creek provides comprehensive outpatient mental health treatment services to eligible veterans and their families. The clinic includes three psychologists who provide assessment, treatment, and consultation services. The clinic offers interns an opportunity for

psychotherapeutic work with outpatients with a broad range of problems and adaptive levels of functioning. The patients range from those who live and work in the community with no history of prior treatment to those who have been recently discharged after psychiatric inpatient treatment. Interns have the opportunity to work with patients in long-term outpatient individual, couples, family, and group therapies. This rotation is available as either a major or a minor rotation.

Health Psychology

Health psychology is behavioral health consultation to Primary Care providers and staff as well as intervention in chronic disease management with Veterans. This rotation includes a blend of administrative organization, consultation and clinical intervention. Interns have the opportunity to experience clinical psychology translation into a primary care setting. This allows the opportunity for teaching behavioral health topics and consulting with providers and medical teams on difficult behavior change with Veterans. Coping, adherence to medical intervention and appropriateness for medical interventions are focal. Individual, and group short-term, solution focused therapy via face-to-face, telephone and Clinical Video telehealth media are utilized. Additional possible experiences include bariatric pre-surgical evaluation, implementation and evaluation of behavioral health groups, and exposure to work within various outpatient clinics. This experience is part of the Primary Care Track requirements. NOTE: This may or may not be available to Non-Primary Care Track interns.

Post Traumatic Stress Disorder Clinical Team (PCT)

The outpatient PTSD clinic provides assessment and treatment for veterans with combat-related PTSD. The clinic provides individual, couples, and family therapy, pharmacotherapy, and several specialized group therapies. Evidence based psychotherapies including Prolonged Exposure, Cognitive Processing Therapy and Cognitive Behavioral Therapy for Insomnia are provided. Interns would have the opportunity to observe and gain experience with many of these therapies, along with experience in psychometric and interview assessments of PTSD. One of the psychologists assigned to the PCT is a PTSD/Substance Use Disorder Specialist and there is also opportunity to work with patients with co-occurring PTSD and substance misuse. This rotation is available as a major or minor rotation; however, rotations must be at least 6 months in duration.

Wyoming Health Care Center (Subject to Supervisor Availability)

Depending on availability of supervisors and interest by interns, additional rotational experiences may be available in the Wyoming Health Care Center in Wyoming, MI. If available, interns may select rotations in the Mental Health Clinic or with Primary Care-Mental Health Integration. The Mental Health Clinic provides training in both individual and group interventions as well as limited assessment opportunities in a traditional outpatient setting. The Primary-Care Mental Health Integration experience in Wyoming Health Care Center is similar to the experience in Battle Creek. Staff psychologists are extended members of the Patient Aligned Care Team (PACT) which is a multi-disciplinary response for providing comprehensive patient centered care with all members participating in a team approach. Primary Care providers (PCPs) and Mental Health - Primary Care Integration (PC-MHI)/Behavioral Health Providers (BHPs) represent two integral disciplines in the care teams. Interns assigned to work on the rotation with the Primary Care Integration Psychologist will assist PCPs in providing brief behavioral interventions, assessments for referrals to specialty clinics, and when appropriate monitoring Veteran responses to newly initiated medication trials. In addition interns will collaborate about patients with other disciplines, and co-facilitate pain school groups and other behavioral health groups to support health and Veteran advocacy. Specifically interns will be addressing issues involving typical mental health issues such as depression, PTSD, substance use disorders, anxiety disorders and suicidal/homicidal ideation. This rotation is not available during the 2015-2016 training year.

ADDITIONAL OPPORTUNITIES

Education Opportunities

Psychology Service is approved by the Sponsor Approval System of the American Psychological Association to offer continuing education for psychologists. Throughout the internship year, interns may

be able to participate in a variety of educational seminars and presentations offered for psychologists. Seminars are presented by Psychology staff members and by outside consultants. In addition, an internship seminar series is held on an ongoing basis and psychology staff members present on topics of interest to the interns. There are also frequent Medical Center educational presentations sponsored by other services which interested interns may attend. The Medical Center participates in the VA National Satellite Teleconference Educational Series and interns may also attend relevant satellite teleconferences on Mental Health topics.

Research

Interns are allowed to pursue approved research activities up to four hours a week, including dissertation research. These hours should be chosen in coordination with the clinical needs of the intern's rotations and the rotation supervisor. Interns interested in conducting research during the internship training year should submit research proposals to the Psychology Service for review as soon as possible after acceptance into the Internship Program. Psychology staff members will assist interns in submitting proposals to the Medical Center's Research Committee and the Subcommittee on Human Studies for review prior to the intern's arrival. Time required for research proposals to be reviewed by both the Medical Center Research Committee and Subcommittee on Human Studies typically is two to three months. Ideally, interns interested in conducting research at the Medical Center during their training year will have their research proposals reviewed and approved prior to their arrival and be ready to begin data collection at the earliest opportunity. Another opportunity for research is through the Psychology Service research group. Interested interns may join this group that selects a research project and works on it over the course of the internship year.

Peer Consultation by Advanced Trainees ("Vertical Supervision")

The Battle Creek VAMC Psychology Training Council affirms the value of "vertical supervision" of psychology trainees by advanced trainees once appropriate competency has been demonstrated and documented. Supervision training and experiences involving fellows, interns, practicum students and training staff are valued by BCVAMC psychology service and its associated training programs, and we seek to provide maximum opportunities for training in this area, including support by training faculty. When vertical supervision experiences are predicted to be available within a given rotation, the supervisor will let trainees know at the beginning of the year as training plans are being developed. All vertical supervision experiences are directed by our vertical supervision policy.

Requirements for Completion

To successfully complete the internship, interns are expected to meet the following requirements:

2080 Hours: The internship requires one year of full-time training to be completed in no less than 12 months. Paid federal holidays are included, and interns accumulate some paid annual leave that can be taken during the year.

Patient Contact

Each intern is expected to average 10 hours each week minimum in direct patient contact. It is expected that these minimums typically will be exceeded. For this requirement, direct patient contact includes only "face to face" contact with patients for any type of group or individual therapy, psychological testing, assessment activities or patient education. Successful completion of the internship requires a minimum of 500 hours of direct patient contact.

Psychotherapy

In each major rotation in which treatment is a significant element, each intern will be expected to be involved in at least one therapy group and three individual psychotherapy cases. On some rotations it may be possible to substitute a family or couples therapy case for a therapy group or individual patient. In minor rotations, the supervisor of that rotation will determine the treatment requirements with the approval of the Training Council.

Empirically Supported Therapies

Interns must learn at least one Empirically Supported Treatment (EST) and must treat at least one case with it during the internship year.

Psychological Assessment

Interns must complete a minimum of 12 psychological evaluations. These assessments must be based on data integrated from multiple sources and must include written reports with diagnostic impressions and recommendations. Assessments based solely on interviews or single tests do not meet this requirement. To be considered a comprehensive evaluation, in addition to a clinical interview, the intern must obtain at least two types of information (e.g. personality, intellectual, neuropsychological, achievement, health behaviors, vocational) from at least four sources other than basic self-report measures. For example, the general assessment rotation currently utilizes a core battery consisting of WAIS-IV (intellectual), WRAT-4 (achievement), MMPI-2 and MCMI-3 (personality). At least six of the 12 psychological evaluations must include the MMPI-2/MMPI-2-RF (personality), the WAIS-IV (intellectual functioning), another measure of personality, and one other measure. The remainder must still involve two types of information from at least four sources of non-self-report measures, but may be more specialized in nature (e.g. neuropsychological evaluation, bariatric surgery evaluation, dementia and capacity evaluation)

Didactic Training

Interns are required to attend weekly Intern Seminars presented by Psychology staff members and are encouraged to attend Psychology Inservices and other didactic presentations. Integrated into weekly didactic training is the Diversity Series. This curriculum consists of eight core presentations in the following topics: Cultural Competence in Clinical Care; Assessment Issues with Special Populations; LGBTQ Psychology; Multicultural Issues with Older Adults; Treatment of African Americans; Treatment of Latinos; Treatment of Asian/Eastern Patients; Special Concerns with Women Veterans.

Case Presentations

In addition to informal case presentations made in group supervision, interns are required to present one psychotherapy/counseling case and one assessment/diagnostic case to the Psychology Service Training Council in order to demonstrate competency in these areas (See Evaluation Section). As part of each case presentation, the intern should review and discuss research literature relevant to that case.

Competence in Clinical Activities

At the end of each rotation, in the judgement of his/her supervisor and the Training Council, each intern must have achieved a satisfactory level of competence or progress toward competence in the areas addressed in that rotation. At the end of each rotation, interns should be rated as making satisfactory progress towards achieving a "Needs Occasional Supervision" rating across all competency objectives. To successfully complete the internship, interns must meet minimal competency requirements, "Needs Occasional Supervision" or higher on all competency objectives averaged across all final rotation evaluations.

EVALUATION

In addition to the ongoing feedback and evaluation that is a natural part of the supervision process, each intern receives a formal, written evaluation from his/her supervisor at the mid-point and at the completion of each training rotation period. The mid-point evaluations are intended to be a progress report for interns to ensure they are aware of their supervisor's perceptions and to help the intern focus on specific goals and areas of work for the second part of the rotation. Final rotation evaluations will also provide specific feedback and serve to help the intern develop as a professional. Interns are requested to provide a written evaluation of each rotation and supervisor upon completion of the rotation. This and the supervisor's evaluation of the intern are discussed by the intern and supervisor to facilitate mutual understanding and growth. Upon completion of each rotation, copies of the intern's and the supervisor's final rotation evaluations are forwarded to the Training Director. A mid-point evaluation six months into the internship and a final evaluation at the end of the internship training year will be prepared by the Training Director. These evaluations will be forwarded to the Director of Training at the intern's graduate school.

To successfully complete the internship, interns are expected to demonstrate an appropriate level of professional psychological skills and competencies described in the section on the Objectives and Goals of the Internship Program. Before completion of the internship, interns are required to present one psychotherapy/counseling case and one assessment/diagnostic case to the Psychology Training Council to demonstrate that they have mastered the skills necessary to function adequately in an entry-level Psychologist staff position in their specialty. Interns will be certified as having completed the internship at this Medical Center with the concurrence of individual supervisors and the Psychology Service Training Council. Interns successfully completing the training program will be issued a certificate of internship completion.

Facility and Training Resources

In support of the internship training program, the Medical Center has a number of unique resources which are available to support both clinical training and research. The Medical Center has a fine medical library that contains many of the current professional psychology journals. In addition, any article or book the intern wishes to obtain may be obtained through the Medical Center library on interlibrary loan. The medical library is part of the VA Library Network (VALNET) and has access to the holdings of over 172 VA libraries. Library staff are very willing to help interns with literature searches and with accessing online research journals.

The Psychology Service and Medical Center has excellent computer support. Interns have their own PCs. Each PC is connected to the computerized medical record system, medical center email, Microsoft Office programs including MS Word, MS Outlook, and internet access. Centralized dictation and transcription services are available to interns for dictating clinical and testing reports. Also, the complete clinical information database is available to interns via computer. Psychology Service has a psychological testing laboratory that includes five PCs and five CRTs for computerized testing applications. In addition, computerized test administration is available through Mental Health Assistant. Interns have training opportunities with Clinical Video Telehealth as well.

The Medical Center maintains a Medical Media Television Studio. This studio is available for video taping and recording of role playing sessions and training sessions with staff and patients. Medical Media also may provide audio/visual support for seminars and educational offerings, and is available to develop slides, overheads, and videos. Video cameras and audio recording devices are available for training and educational activities.

Additional Internship Information

Stipends

The internship is a full time, 12-month experience beginning the first pay period in July. The intern is required to obtain 2,080 hours of training in the Medical Center. Currently the doctoral intern stipend is \$23,974 per year divided into 26 equal bi-weekly payments. Interns are also eligible for health benefits, including family and spousal health benefits. This includes spouses and dependents.

Work Hours

The scheduled work hours typically are 8:00 a.m. - 4:30 p.m. Monday through Friday except for federal holidays. Lunch breaks are 30 minutes, usually taken from 12:00 noon to 12:30 p.m. Interns may not stay on the medical center grounds after hours unless one of the intern supervisors is present and available.

Personal Leave

Interns accumulate 4 hours sick leave and 4 hours annual leave per two-week pay period. In addition, interns receive 10 federal holidays. Should extensive periods of illness or other circumstances cause an intern to have to exceed his/her allotted leave during their one-year appointment, the intern will have to work beyond the 12-month appointment without stipend to accumulate the extra hours that were lost. Additional leave may be granted for off-site educational workshops, seminars, lectures, conferences, professional meetings and other approved training activities. Up to five days of authorized leave per year may also be approved for use

for university-related business or professional psychology activities. This might include meetings on dissertations or formal defenses of the dissertation.

Timekeeping and Leave Requests

Requests for annual or sick leave, or authorized absence should be submitted on the VISTA computer system by entering "leav" in any menu. Leave requests are approved by the Chief of Psychology Service. Except in the case of emergencies, all leave (except holidays) must be approved in advance. Interns should inform the Training Director and any supervisors to be affected by the absence.

Unexpected Leave

Interns will discuss with their supervisors what to do in the event of unexpected leave. At the minimum, interns will contact the time keeper, Training Director, supervisor and chief of psychology. Other actions as indicated based on rotation will also be required, again as discussed with the rotation supervisor. It is the intern's responsibility to take appropriate action for scheduling patient care responsibilities and appointments (e.g. informing your supervisor or requesting other staff cancel the appointments).

Intern Logs

Each week a retrospective record should be completed indicating the intern's activities in each of the core competency areas, supervision received, number of hours of direct patient contact, and the hours of didactic training obtained during the preceding week. This data should be submitted to the Training Director and the intern's current rotation supervisors.

Identification Badges

All interns and staff are required to wear identification badges at all times during duty hours. Identification badges will be issued to interns at the start of the internship.

Test Materials, Equipment and Keys

Obtaining of keys will be facilitated by Psychology Service secretary. Interns are financially responsible for all items checked out during the internship year. The hospital requires a fee for lost keys. Keys to the test materials cabinet are distributed by the training director.

Telephone Changes

Interns should give the Service secretary their current home address and phone number during the week of orientation. It is also the intern's responsibility to notify the Service secretary of any changes in address or phone number during the year.

Fire Alarm Code and Disaster Plan

Interns should keep the fire alarm code in their offices for reference. Also, interns should keep copies of the Service Disaster Plan available for reference. Copies of the Service call-back telephone tree should be kept at home for use in case of an emergency.

Emergency Consultation

For an immediate problem, the intern is expected to contact his/her supervisor(s) first. If the immediate supervisor is not available, the intern should contact the Director of Training or the Chief, Psychology Service (in that order) for emergency consultation. If, in the course of conducting patient assessment or treatment, the intern has any concern about a patient's dangerousness to self or others, the intern is required to bring this to the supervisor's attention as soon as possible or necessary to prevent untoward outcome. For outpatients, this consultation should occur prior to the patient's leaving the Medical Center. For inpatients, this consultation should occur no later than the end of the same day as the concern occurs, as protection for both the patient and intern. The supervisor will then determine whether any steps need to be taken to protect the patients or others, and will assure that documentation appropriately reflects actions taken.

Administrative Policies and Procedures

Conduct

It is important that interns conduct themselves in an appropriate, professional manner in all interactions with patients and other staff of the Medical Center. Under no circumstances should interns accept gifts from, or engage in any monetary transactions with VA patients or family members. Interns are expected to abide by all ethical guidelines as stated in the APA's Ethical Principles for Psychologists. Interns will receive a copy of these guidelines in the Policy and Procedure Manual of the Psychology Service. Notify your supervisor, Director of Training, or the Chief, Psychology Service immediately if you are asked to engage in unethical behavior or if you have any questions regarding ethics. Serious conduct violations may result in termination of the internship appointment. Substantiated allegations of patient abuse are also grounds for termination.

Grievance Procedures

Interns have a responsibility to address any serious grievance that they may have concerning the Internship Program, the Psychology Service, or the Medical Service. An intern has a grievance if he or she believes that a serious wrong has been committed and that a complaint is in order. A grievance may be addressed either formally or informally. Usually, an effort should be made to attempt to resolve the grievance informally. The intern may attempt to direct resolution of the grievance with the involved party, or the intern may informally address the grievance with a supervisor, the Training Director, or Chief, Psychology Service.

If an informal procedure does not satisfactorily resolve the grievance, or a formal procedure is indicated, the intern should prepare a written statement describing the grievance and any actions taken to try to resolve the grievance, and submit the written statement to the Internship Training Director with a copy to the Chief, Psychology Service. Within 10 working days, the Internship Director or Chief, Psychology Service will provide a written response describing any decisions made and any corrective actions taken. The intern also will be informed if further consideration of the grievance is required.

The Training Director or Chief, Psychology Service will notify the Training Council if a grievance has the potential of affecting the internship's evaluation of the intern, or if it might substantially affect the future conduct or policies of the internship. The Training Director or service chief will notify the Training Council if the intern has requested an appearance before the Council.

Throughout the grievance process, everyone involved is expected to be sensitive to the privacy, confidentiality, and welfare of others. Although the Training Council will be sensitive to the privacy and confidentiality of the individuals involved in a grievance, the Council reserves the right to discuss among its members any grievance that is brought to its attention from any source. If the Council desires a discussion with anyone associated with the grievance, it will make this request to the Chief, Psychology Service.

It is not the charge of the Training Council to judge the actions of those involved in a grievance or to have direct responsibility for the resolution of the grievance. The responsibility of the Training Council is to ensure that an intern is evaluated fairly, to ensure that an intern's training experience meets APA guidelines and policies of the internship, and to advise the Internship Director and Chief, Psychology Service.

The Chief, Psychology Service has the ultimate responsibility for the sensitive, proper, and appropriate evaluation of all intern grievances against Psychology Service personnel and will make the final decision concerning a grievance. The Chief, Psychology Service also is responsible for maintaining equitable and unbiased procedures. The Chief will eliminate any conflict of interest in the evaluation of a grievance.

Should these procedures fail to resolve a grievance, the intern is asked to communicate the grievance in writing to the appropriate official at the intern's university who is responsible for internship placement with a copy of that communication to the Training Director and the Chief, Psychology Service. If a joint

decision of the internship and the university cannot be reached, the decision of the Chief, Psychology Service will be final per authority of the Department of Veterans Affairs. The University may, at its discretion, report any disagreement to the APA Accreditation Commission.

The intern may also discuss a grievance with the Chief, Human Resources Management Service to determine other procedures for addressing a grievance within the policies and procedures for the Department of Veterans Affairs.

Equal Employment Opportunity (EEO)

If an intern has an EEO complaint of discrimination or sexual harassment, the intern should follow procedures outlined in Medical Center Memorandum MCM-00-1010. The intern should contact the EEO Manager at extension 35235 and obtain a list of current EEO counselors who are available for EEO counseling.

Remedial Action and Termination Procedures

When any concern about an intern's progress or behavior is brought to the attention of the Training Council, the importance of this concern and the need for immediate action will be considered. If action by the intern is considered necessary to correct the concern, the Training Director or his/her designee will discuss the concern and reach agreement about action to be taken.

If the concern is sufficient to raise the possibility of discontinuing the internship, the intern will be asked to meet with the Training Council, and the concerns and a proposed plan of action will be communicated to the intern in writing. If the intern wishes to contest the concerns of the Training Council or the proposed corrective action, he/she may request that the Training Director at his/her university be consulted to assist in this assessment and proposed action.

Failure to adequately adhere to the proposed corrective action plan will immediately result in notification to the intern's university that discontinuation of the internship is being considered. Following consultation with the Training Director of the intern's university, a determination will be made if an alternate plan is to be considered for corrective action.

A recommendation to terminate the intern's training must receive a majority vote of the Training Council. The intern will be provided an opportunity to present arguments against termination at that meeting. Direct participation by the Director of Training or designee from the intern's graduate program should also be sought for this meeting.

Concerns of significant magnitude to warrant termination include but are not limited to: (a) failure to demonstrate competency or adequate progress towards competency in performing psychological assessment and treatment services, (b) violation of the APA Ethical Standards of Psychologists, (c) failure to meet minimum standards for patient contact, didactic training, testing or treatment competence, (d) behaviors or conduct which are judged as unsuitable and which hamper the intern's professional performance.

Appeal

Should the Training Council recommend termination, the intern may invoke his/her right of appeal. The Chief, Psychology Service will then appoint a panel composed of at least three members which may be drawn from the Psychology Service staff and Internship Training staff not on the Training Council. The panel will include at least one member of the staff from another APA approved training program. The Director of Training will present the position of the Training Council; the intern, together with any counsel he or she may choose, will present the appeal. The Chief, Psychology Service will abide by the majority judgment of the Appeal Panel. If termination is recommended, the Chief will direct the Human Resources Service to suspend the intern's appointment. The training staff will abide by the Panel's majority judgment if the Appeal Panel recommends continuation, and the Director of Internship Training, the intern's rotation supervisors, and the intern are responsible for the negotiating an acceptable training plan for the balance of the training year.

Training Staff

Psychology Staff involved in the training program, their theoretical orientations, and their special areas of interest are listed below.

Sharonda C. Ayers, Clinical Psychologist
Substance Abuse RRTP
Ph.D., 2010 Saint Louis University
Theoretical Orientation: Cognitive-Behavioral
Interests: Substance Abuse, Empirically Supported Treatments

Towania F. Bellia, Clinical Psychologist
Mental Health Clinic
Ph.D., 2001, University of Detroit Mercy
Theoretical Orientation: Psychodynamic

Joseph C. Bolton, III, Clinical Psychologist
Compensation and Pension
Psy.D., 2006, Indiana State University
Theoretical Orientation: Cognitive-Behavioral
Interests: PTSD, Forensic Psychology

Anthony G. Bonita, Graduate Psychologist
PRRTP
Ph.D. 2013 Western Michigan University
Theoretical Orientation: Cognitive-Behavioral
Interests: Depression, anxiety, sexual issues

William D. Bloem, Chief, Psychology Service
PTSD PCT and RRTP
Ph.D., 1984, Fuller Theological Seminary, ABPP-Clinical psychology
Theoretical Orientation: Cognitive-Behavioral
Interests: Post Traumatic Stress Disorder, Substance Abuse, Spiritual issues in psychotherapy

Jeremy Bottoms, Clinical Psychologist
Neuropsychology
Psy.D., 2006, Wright State University School of Professional Psychology
Theoretical Orientation: Cognitive-Behavioral
Interests: Traumatic Brain Injury, Quality of Life, Training

Jay L. Cohen, Associate Chief of Staff, Mental Health
Ph.D., 2006, Wayne State University
Theoretical Orientation: Integrative: cognitive behavioral/interpersonal
Interests: Health and wellness, mindfulness, and pain management

Steven Crocker, Clinical Psychologist
Inpatient Mental Health
Ph.D., 2004, Washington State University
Theoretical Orientation: Cognitive-Behavioral
Interests: PTSD; Neuropsychology; Geropsychology

Beth J. Dietzel, Clinical Psychologist
PTSD PCT and RRTP
Ph.D., 2008, Western Michigan University
Theoretical Orientation: Cognitive-Behavioral
Interests: Post Traumatic Stress Disorder, Insomnia

Timothy M. DeJong, Clinical Psychologist
Psychosocial-RRTP Chief
Ph.D., 2007, Case Western Reserve University, ABPP-Clinical Psychology
Theoretical Orientation: Cognitive-Behavioral
Interests: Post Traumatic Stress Disorder, Depression

Scott A. Driesenga, Clinical Psychologist
Associate Training Director, Undergraduate/PTSD Program Manager
Ph.D., 1991, Fuller Theological Seminary
Theoretical Orientation: Cognitive-Behavioral
Interests: Post Traumatic Stress Disorder, Social skills training

Bruce A. Fowler, Clinical Psychologist
Mental Health Clinic WHCC
Psy.D., 1984, Rosemead School of Psychology, Biola University
Theoretical Orientation: Cognitive-Behavioral
Interests: Post Traumatic Stress Disorder, Military Sexual Trauma

Katherine D. Gimmestad, Clinical Psychologist
Home-Based Primary Care
Ph.D. 2011, University of Missouri-Kansas City
Theoretical Orientation: Cognitive-Behavioral
Interests: Post-Traumatic Stress Disorder, Motivational Interviewing, Synesthesia

Kendall E. Gladding, Clinical Psychologist
Compensation and Pension
Psy.D., 1999, Nova Southeastern University
Theoretical Orientation: Integrative
Interests: PTSD, Mindfulness

Bethany Grix, Clinical Psychologist
Pain Psychologist
Ph.D., 2014, Illinois Institute of Technology
Interests: Pain, Behavioral Health, Integrated Care

Randall L. Halberda, Clinical Psychologist
Home Based Primary Care
Psy.D., 2005, Indiana State University
Theoretical Orientation: Cognitive Behavioral/Social Learning
Interests: Motivational Interviewing and Geropsychology

Tom L. Ham, Counseling Psychologist
Home-Based Primary Care—Northern Rural Expansion
Ph.D., 1987, University of Missouri-Columbia
Theoretical Orientations: Cognitive-Behavioral
Interests: Behavioral Health; Substance Abuse; Motivational Interviewing

Daniel R. Henderson, Clinical Psychologist
Mental Health Clinic at WHCC
Ph.D., 1988, University of Missouri-St. Louis

Theoretical Orientation: Cognitive-Behavioral
Interests: Anxiety, affective disorders, trauma, sexual issues

Krista Holman, Clinical Psychologist
WHCC Primary Care-Mental Health Integration
Ph.D., 2014, Central Michigan University
Theoretical Orientation:
Interests: Integrated Care, Motivational Interviewing

Marc S. Houck, Clinical Psychologist
WHCC Primary Care-Mental Health Integration, Program Manager
Psy.D., 2001, Rosemead Graduate School of Psychology
Interests: Integration, Problem Solving Therapy, DBT

Rita B. Kenyon-Jump, Clinical Psychologist
Mental Health Clinic
Director of Psychology Continuing Education
Ph.D., 1992, Western Michigan University
Theoretical Orientation: Cognitive-Behavioral
Interests: Military Sexual Trauma, Interpersonal Trauma, Childhood Trauma, Mindfulness

Scott E. Kerby, Counseling Psychologist
Associate Training Director for Internship /Inpatient Mental Health
Ph.D., 2009, Western Michigan University
Theoretical Orientation: Cognitive-Behavioral
Interests: Ethics, Substance Abuse, Psychotherapy Process

Jessica Kinkela, Clinical Psychologist
Training Director/Neuropsychology
Ph.D., 2008, Ohio University
Theoretical Orientation: Behavioral & Cognitive Behavioral
Interests: MoCA, Substance Use and Cognition, Geropsychology

Peter M. Koehn, Counseling Psychologist
Home Based Primary Care-Mental Health (Benton Harbor)
Ph.D., 2000, University of Missouri-Columbia
Theoretical Orientation: Cognitive-Behavioral
Interests: Stress Management, Pain Psychology

Sarah G. Mallis, Clinical Psychologist
Mental Health Clinic WHCC
Psy.D., 2012, University of Indianapolis
Theoretical Orientation: Cognitive-Behavioral
Interests: Post-Traumatic Stress Disorder, couples therapy, mindfulness

Joan McDowell, Clinical Psychologist
Dual Diagnosis Clinician, PTSD PCT and RRTP
Ph.D., 2007, Eastern Michigan University
Theoretical Orientation: Cognitive-Behavioral
Interests: Motivational Enhancement, Positive Psychology

Lisa J. Mull, Clinical Psychologist
Associate Training Director for Residency/Outpatient Mental Health, WHCC
Psy.D., 2007, Pacific University
Theoretical Orientation: Cognitive-Behavioral
Interests: Prolonged Exposure Therapy

Shannon Mullally, Clinical Psychologist
Muskegon CBOC
Ph.D., 2000, California School of Professional Psychology
Theoretical Orientation: Psychodynamic, Cognitive-Behavioral
Interests: Trauma, Personality Disorders

Nicole R. Najar, Clinical Health Psychologist
Health Behavior Coordinator, Primary Care
Psy.D. 2008, Alliant International University, ABPP-Health Psychology
Theoretical Orientation: ACT, CBT, Object Relations
Interests: Primary care education, weight management, reproductive grief

Steve H. Pendziszewski, Clinical Psychologist
Acute Psychiatry/Inpatient Mental Health
Psy.D., 1992, Illinois School of Professional Psychology
Theoretical Orientation: Integrative, Existential
Interests: MCMI-III, Personality Disorders, Myth & Ritual in Psychotherapy, Religion & Spirituality in Psychology

E. Brooke Pope, Clinical Psychologist
Research Coordinator, Evidence Based Treatment Coordinator
Ph.D., 2009, Northern Illinois University
Theoretical Orientation: Cognitive-Behavioral
Interests: Post-Traumatic Stress Disorder, Military Sexual Trauma, Recovery

David J. Powell, Clinical Psychologist
Outpatient Mental Health, Lansing CBOC
Psy.D., 2006, Florida School of Professional Psychology
Theoretical Orientation: Interpersonal (Sullivanian)
Interests: PTSD, Anger Management
Provider Status: Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Interpersonal Therapy (IPT), Acceptance & Commitment Therapy (ACT)

Rebecca J. Preston, Clinical Psychologist
Primary Care-Mental Health Integration
Psy.D., 2014, Loyola University Maryland
Theoretical Orientation: Cognitive-Behavioral/ACT
Interests: Health & Wellness, Pain, Weight Management

Jessica Rodriguez, Clinical Psychologist
Associate Training Director, Practicum/PTSD RRTP
Ph.D., 2011, Central Michigan University
Theoretical Orientation: Cognitive-Behavioral
Interests: Trauma, Evidence Based Treatments, Panic Disorder

Rogelio Rodriguez, Clinical Psychologist
Chief, WHCC MHC, Lansing MHC, Muskegon MHC, and Benton Harbor MHC
Ph.D., 1989, Loyola University of Chicago
Theoretical Orientation: Cognitive-Behavioral
Interests: Post Traumatic Stress Disorder

Ann C. Smolen-Hetzel, Counseling Psychologist
Community Living Center
Ph.D., 2010, Virginia Commonwealth University
Theoretical Orientation: Cognitive-Behavioral; Interpersonal; Existential

Interests: Geropsychology; Palliative Care and End-of-life Issues; Adjustment to Aging; Best practices for dementia care including staff education efforts

Theodore Wright, Clinical Psychologist

PTSD-RRTP

Ph.D., 2002, Western Michigan University

Theoretical Orientation: Behavioral

Interests: Trauma & Recovery, ACT, Prolonged Exposure, Addiction

Trainees

2015-2016

Clinical Psychology, Xavier University

Clinical Psychology, Central Michigan University

Clinical Psychology, Pacific Graduate School of Psychology

Clinical Psychology, University of Detroit Michigan

Clinical Psychology, Louisiana State University

2014-2015

Clinical Psychology, Western Michigan University

Counseling Psychology, Lehigh University

Clinical Psychology, Bowling Green State University

Counseling Psychology, University at Albany

Clinical Psychology, American School of Professional Psychology, Argosy University, Washington DC

2013-2014

Clinical Psychology, Pacific Graduate School of Psychology at Palo Alto University

Counseling Psychology, West Virginia University

Clinical Psychology, Adler School of Professional Psychology

Counseling Psychology, Western Michigan University

Clinical Psychology, Pacific University School of Professional Psychology

2012-2013

Clinical Psychology, University of North Dakota

Clinical Psychology, Idaho State University

Clinical Psychology, Eastern Michigan University

2011-2012

Clinical Psychology, Western Michigan University

Clinical Psychology, University of Detroit Mercy

Counseling Psychology, Marquette University

2010-2011

Clinical Psychology, Central Michigan University

Counseling Psychology, Texas Tech University

Counseling Psychology, Western Michigan University

2009-2010

Clinical Psychology, University of Toledo

Clinical Psychology, University of Indianapolis

Clinical Psychology, American School of Professional Psychology at Argosy University, Schaumburg

2008-2009

Clinical Psychology, Idaho State University
Counseling Psychology, Western Michigan University
Clinical Psychology, Argosy University, Illinois School of Professional Psychology

2007-2008

Clinical Psychology, Western Michigan University
Clinical Psychology, Adler School of Professional Psychology
Counseling Psychology, Florida State University

2006-2007

Counseling Psychology, University of Toledo
Counseling Psychology, Western Michigan University
Clinical Psychology, Alliant International University

2005-2006

Clinical Psychology, Nova Southeastern University
Counseling Psychology, Michigan State University
Counseling Psychology, Michigan State University

2004-2005

Counseling Psychology, Ohio State University
Clinical Psychology, Central Michigan University
Clinical Psychology, Argosy University-Tampa

Local Information

The VAMC, Battle Creek, MI is located about 7 miles west of downtown Battle Creek, MI and about 17 miles east of downtown Kalamazoo, MI and is centrally located to many recreational, cultural, and entertainment opportunities. Battle Creek and Kalamazoo are located in South Central Michigan, with a total population of 130,000. Battle Creek houses the Kellogg, Post, and Ralston Purina companies as well as several other manufacturing companies. Kalamazoo is home to the Pharmacia Corporation, Western Michigan University, the K-Wings professional hockey team, and the Fetzer Business Center. There are many special events, attractions, and festivals in the area throughout the year. The area also features lakes, ski lodges, libraries, museums, parks, shopping malls, and several live theatres. For additional information about the area:

<http://www.battlecreekvisitors.org/>

<http://www.discoverkalamazoo.com/>

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